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(Doposhor's name) (Signature)

(Date)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/765,236	01/26/2004	Matthias Rath	11957/46503	5789
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TITLE OF INVENTION: COMPOSITIONS AND METHODS FOR LOWERING PLASMA LIPOPROTEIN(A) AND RISK FACTORS OF CARDIOVASCULAR DISEASES

	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION PEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1400	\$300	\$6	\$1700	08/10/2007	
	EXAN	MINER	ART UNIT	CLASS-SUBCLASS				
b	KWON, BR	IAN YONG S	1614	514-355000	•			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  If Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  There Address' indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list     (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,     (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2 ALI KAN	I <b>INH</b> OUSE CO 2 ALI KAMAREI, ESQ. 3 ALEXANDER CHEN ESC	
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ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Please check the appropriate assignee category or categories (will not be	e printed on the patent): Dindividual DiCorporation or other private group entity DiGovernment			
4a. The following fee(s) are submitted:	4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)			
🔯 Issue Fee	A check is enclosed.			
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.			
Advance Order - Mul Copies	The Director is hereby authorized to charge the required fee(s), say deficiency, or credit any overpayment, to Deposit Account Number (enclose sn extra copy of this form).			
5. Change in Entity Status (from status indicated above)				
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
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Authorized Signature	Date Jun 1/2007			
Typed or printed name <u>ALL KWARFI</u> , ESQ	Registration No. 37,000			

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